

CAUSES OF ERETHYMA NODOSUM

LOST BUS

Leprosy, **L**ymphoma

OCP (Oral Contraceptive Pills)

Sarcoidosis, **S**yphilis, **S**ulphonamide

Tuberculosis

Brucellosis

Ulcerative colitis, **C**rohn's disease

Streptococcal infection, **S**almonella

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Causes of Candidiasis

***m* - ABCDEFG**

Antibiotic use

Baby (pregnancy)

Contraceptive pills

Diabetes

Environment (humid)

Friction

Geriatrics (old pt)



MEDICAL TRICK #24

Psoriasis

- P**soriasis is associated with
- P**laque lesion on skin
 - P**ruritic skin lesion
 - P**arakeratosis on biopsy
 - P**itting Nail bed
 - P**hototherapy as treatment
 - P**henomenon of Koebner

Seborrheic Dermatitis

↳ Also known as **Cradle Cap**



**Yellowish,
greasy scales**

Epidemiology

- Most common in infants 3 weeks to 12 months
- incidence peaks at 3 months

Management

- Spontaneous course in infants
- Resolves in weeks to months
- Emollient (petrolatum, mineral oil)
- Low-potency topical corticosteroids (extensive or persistent cases)
- Ketoconazole shampoo

Types of Malignant melanoma

m - Skin Are Large Natural Surface

Superficial spreading

Acral lentiginous

Lentigo maligna

Nodular

Subungual

Characteristics of Lichen planus

***m* – 5 Ps**

Pruritic

Purple

Polygonal

Plain topped

Papule or Plaque

Vitiligo

Depigmentation of the skin



Frequently associated with Autoimmune thyroid disease

- Alopecia areata
- Psoriasis
- Type 1 diabetes
- Rheumatoid arthritis
- Inflammatory bowel disease
- Pernicious anemia
- Myasthenia gravis
- Lupus
- Sjögren syndrome

Management

- Psychosocial support

Stabilization

- Oral corticosteroids, NB-UVB phototherapy
- Minocycline, Methotrexate, Vitamin supplementation

Regimentation

- Topical corticosteroids, Calcineurin inhibitors, Vitamin D analogues
- Phototherapy

Erythema Nodosum is seen in

***m* - LOST BUS**

Leprosy, Lymphoma

OCP

Sarcoidosis, Syphilis, Sulphonamide

TB

Brucellosis

Ulcerative colitis, Crohn's disease

Streptococcal infection, Salmonella

Angioedema

↪ Edema of cutaneous and subcutaneous tissue secondary to capillary dilation



Clinical

- Painless, nonpruritic, nonpitting edema of skin
- May affect abdominal organs and upper airway

Types of Angioedema

Hereditary	Deficiency or dysfunction of C1-esterase inhibitor	Replace C1-esterase inhibitor*
Acquired	Deficiency or dysfunction of C1-esterase inhibitor	Replace C1-esterase inhibitor*
Drug-induced (ACE-I, ARB)**	Increased levels of bradykinin	Supportive care

*Fresh frozen plasma or other recombinant formulations

**ACE-I (angiotensin converting enzyme inhibitor), ARB (angiotensin receptor blocker)

Management

- Supportive, prophylactic airway management
- Administer standard anaphylaxis therapy (unlikely to be effective)
- Fresh frozen plasma (to replace C1-esterase inhibitor)

Causes of Raynaud's phenomenon

***m* – COLD HAND**

Cryoglobulins, Cryofibrinogens

Obstruction, Occupational

Lupus erythematosus, other connective tissue disease

Diabetes mellitus, Drugs

Hematologic problems (polycythemia, leukemia, etc)

Arterial problems (atherosclerosis)

Neurologic problems (vascular tone)

Disease of unknown origin (idiopathic)

Wound healing: factors delaying **DID NOT HEAL**:

Drugs

Infection/ Icterus/ Ischemia

Diabetes

Nutrition

Oxygen (hypoxia)

Toxins

Hypothermia/ Hyperthermia

EtOH

Acidosis

Local anesthetics



White patch of skin: differential **"Vitiligo PATCH"**:

Vitiligo

Pityriasis alba/ Post-inflammatory hypopigmentation

Age related hypopigmentation

Tinea versicolor/ Tuberous sclerosis (ashleaf macule)

Congenital birthmark

Hansen's (leprosy)

teama
motivation
together everyone achieves more

Day of onset of rash in these diseases

M - Very Sick Person Must Take Double Tea

Varicella on day 1

Scarlet fever on day 2

Pox(smallpox) on day 3

Measles on day 4

Typhus on day 5

Dengue on day 6

Typhoid on day 7

USES OF PUVA (PSORALEN & ULTRAVIOLET A)

PUVA

Psoriasis, Lichen Planus, Ptyriasis rosea

Urticaria pigmentosa

Vitiligo

Alopecia, Atopic dermatitis

Albinism: type I vs. II classification "One has None. Two Accumulates":

Type I: have no pigment.

Type II: No pigment at birth, but accumulates as person ages.

Generalized skin hyperpigmentation: causes "With generalized, none of skin is SPARED":

Sunlight

Pregnancy

Addison's disease

Renal failure

Excess iron (haemochromatosis)

Drugs (eg busulphan)

Clubbing: causes CLUBBING:

Cyanotic heart disease

Lung disease (hypoxia, lung cancer, bronchiectasis, cystic fibrosis)

UC/Crohn's disease

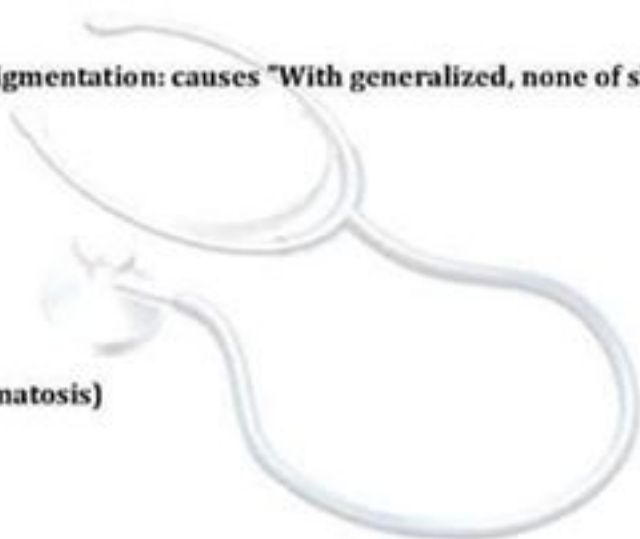
Biliary cirrhosis

Birth defect (harmless)

Infective endocarditis

Neoplasm (esp. Hodgkins)

GI malabsorption



Team
motivation
together everyone achieves more

Causes of Clubbing

m - CLUBBING

Cyanotic heart disease

Lung disease (hypoxia, ca lung , bronchiectasis, cystic fibrosis)

UC/Crohn's disease

Biliary cirrhosis

Birth defect (harmless)

Infective endocarditis

Neoplasm (esp. Hodgkins)

GI malabsorption

Layers of skin

m – Come Lets Go See Babe

Stratum Corneum

Stratum Lucidum

Stratum Granulosum

Stratum Spinosum

Stratum Basal

BEHCET'S Syndrome :

Diagnostic criteria :

PROSE

- P : Pathergy Test
- R : Recurrent Genital Ulceration
- O : Oral Ulceration (Recurrent)
- S : SKIN Lesions
- E : Eye lesions (Iridocyclitis, ChorioRetinitis)

DR. AMIR

Cellulitis

Cellulitis is a bacterial skin infection. In severe cases, infection can spread to other parts of the body.



Redness and warmth of the skin

This illustration shows a person's lower leg and foot. A red, irregularly shaped area on the calf indicates the site of infection. A hand in a white medical coat sleeve is using a purple marker to trace the outer edge of this red area. A line points from the text 'Redness and warmth of the skin' to the red area.

A clinician may mark the edge of the red area to monitor whether the infection is getting better or worse.

Get medical care immediately

- if the involved area grows rapidly
- if blisters or an abscess form
- if you develop a fever or flu-like symptoms



Abscess

This illustration shows a person's lower leg and foot. A large, red, swollen area is visible on the calf. Within this area, there is a smaller, more intensely red, circular region labeled 'Abscess'. To the right of the abscess, there are several small, fluid-filled blisters labeled 'Blisters'. A dashed line outlines the entire red area. A signature 'K. BUCHER' is visible on the lower left of the leg.

Blisters



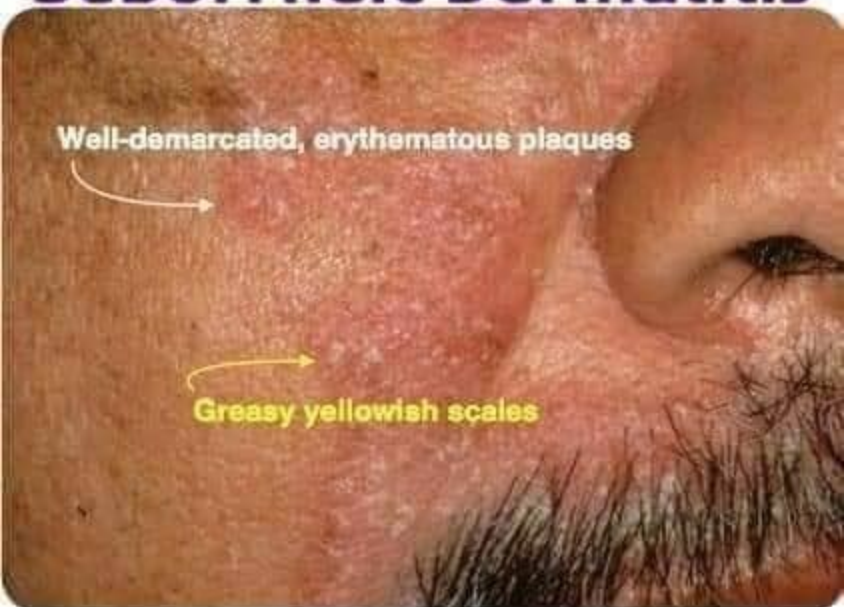
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Seborrheic Dermatitis



Distributed in areas rich in sebaceous glands

- Scalp (Dandruff)
- External ear
- Center of face
- Upper trunk
- Intertriginous area

Clinical

- Chronic, relapsing
- Tends to worsen with stress and cold, dry weather
- Associated with fungus *Malassezia* (*Pityrosporum ovale*)

Management

- Long term maintenance often required
- Anti-fungals (ketoconazole, ciclopirox)

Lichen planus Characteristics Lesions

4P (PPPP)

- P : peripheral
- P : Polygonal
- P : purple
- P : pruritus

PSORIATIC Arthritis Types

SODAS

- S : spondylitis or Sacroiliitis
- O : Oligoarticular
- D : Distal Joint
- A : Arthritis Mutilans
- S : Symmetric Polyarthritis

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E CZEMA MANAGEMENT:

Corticosteroids

Zoap (soup) substitutes

Emollients/ E45

Methotrexate/ ciclosporin/
azathioprine

Antibiotics/antihistamines

+ Tacrolimus

Kerion



**Raised, boggy lesion with
heaped up purulent nodules**

Caused by host's response to a fungal ringworm infection

(*Trichophyton verrucosum*, *Microsporum canis*, and *Trichophyton mentagrophytes*)

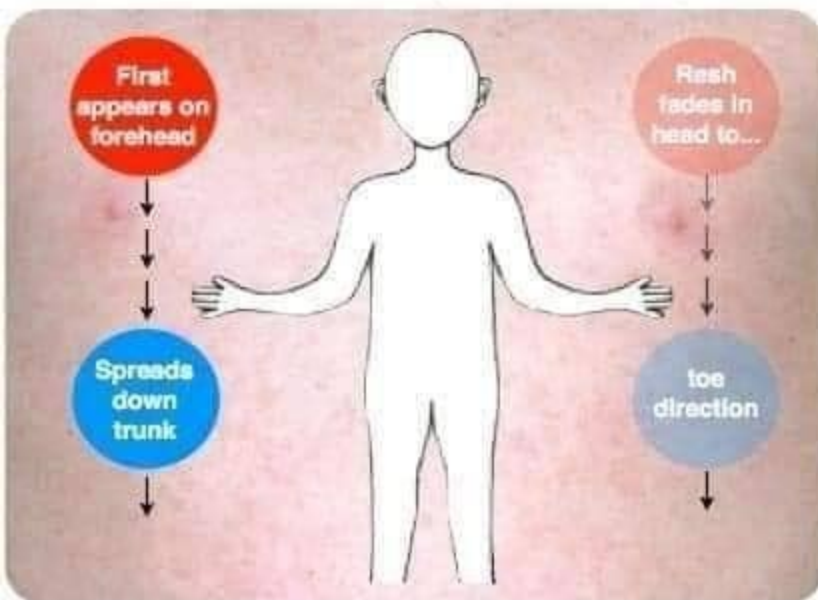
Clinical

- Painful
- Hair loss
- Fever
- Lymphadenopathy

Treatment

- Oral griseofulvin

Measles (Rubeola)



Discrete **red**
maculopapular
rash

Koplik Spots

Pinpoint gray spots
with surrounding red
inflammation on
buccal mucosa

Clinical

- High fever
- Cough, **C**oryza, **C**onjunctivitis (The 3 C's)
- Rash
- Koplik spots

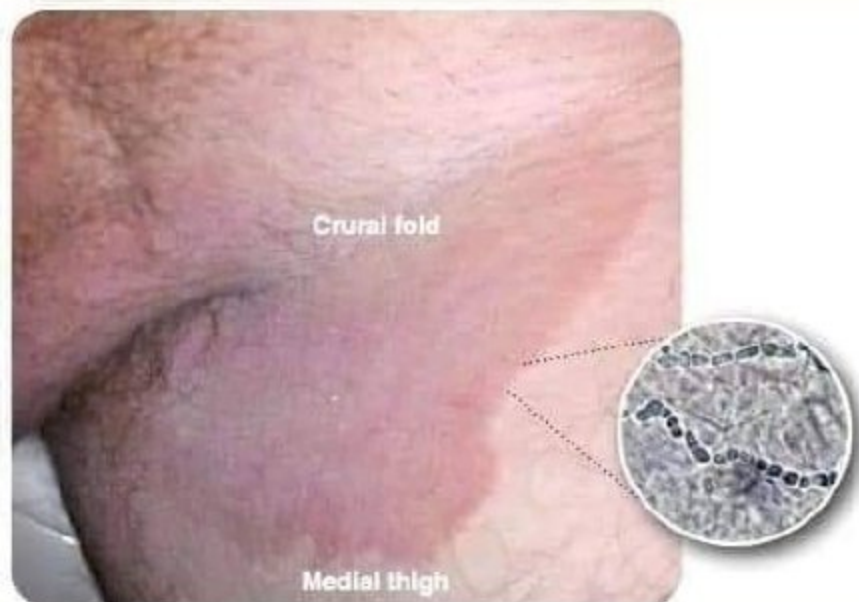
Complications

- Diarrhea (most common)
- Pneumonia (most common cause of mortality)
- Acute disseminated encephalomyelitis (ADEM)
- Subacute sclerosing panencephalitis (SSPE)

Tinea Cruris "Jock itch"

Causes

- *Trichophyton rubrum* (most common)
- *Epidermophyton floccosum*
- *Trichophyton interdigitale*



Clinical

- Begins with an erythematous patch on the proximal medial thigh
- Infection spreads centrifugally with partial central clearing
- Slightly elevated, sharply demarcated border
- Infection may spread to perineum, perianal, and into gluteal cleft
- Scrotum is typically spared in males

Diagnosis

- Potassium hydroxide (KOH) exam of scales scraped from lesion
- Segmented hyphae characteristic of dermatophyte infections

Treatment

- Topical therapy with anti-fungal
- Azoles (e.g. clotrimazole)
- Allylamines (e.g. terbinafine)
- Butenadine, ciclopirox, tolnaftate
- Nystatin is not effective

Causes of Exfoliative Dermatitis

RED MAID

- R : Radiation
- E : Eczema
- D : Drugs
- M : Malignancy
- A : Autoimmune
- I : Idiopathic
- D : DM (rare)

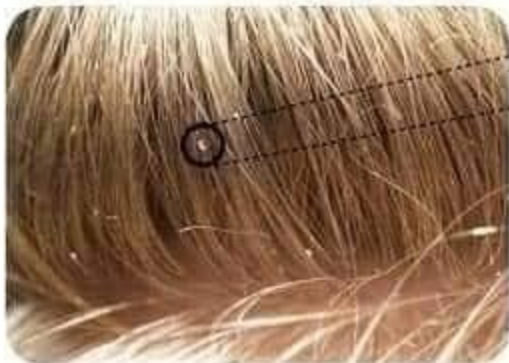
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Pediculosis Capitis



Head louse

Pediculus humanus capitis



Nit (egg)

- Hatch in 8 days
- Release nymphs
- Nymphs become adults

Transmission

- Direct contact with head of infested person
- Lice do not jump, fly, or use pets as vectors

Clinical

- Pruritus (reaction to saliva injected during feeding)

Treatment

- Wet combing (young infants)
- Topical pediculicides
 - Permethrin
 - Malathion
 - Benzyl alcohol
 - Spinosad
 - Topical ivermectin

Erythema Multiforme



Target like lesions

Central dark papule

Surrounded by a pale area
and halo of erythema

Causes

Herpes simplex (most common viral cause)

Mycoplasma

Sulfonamides

Penicillins

Barbiturates

Phenytoin

Lupus

Hepatitis

Lymphoma

Psoriasis: pathophysiology **PSORIASIS:**

Pink Papules/ Plaques/ Pinpoint bleeding (Auspitz sign)/ Physical injury (Koebner phenomenon)/ Pain

Silver Scale/ Sharp margins

Onycholysis/ Oil spots

Rete Ridges with Regular elongation

Itching

Arthritis/ Abscess (Munro)

Stratum corneum with nuclei, neutrophils

Immunologic

Stratum granulosum absent/ Stratum Spinosum thickening

Raynaud's phenomenon: causes COLD HAND:

Cryoglobulins/ Cryofibrinogens

Obstruction/ Occupational

Lupus erythematosus, other connective tissue disease

Diabetes mellitus/ Drugs

Hematologic problems (polycythemia, leukemia, etc)

Arterial problems (atherosclerosis)

Neurologic problems (vascular tone)

Disease of unknown origin (idiopathic)

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Uses of PUVA (psoralen & ultraviolet A)

m - PUVA

Psoarthritis

Urticaria pigmentosa

Vitiligo

Alopecia, Atopic dermatitis

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Streptococcal infection, **S**almonella

Impetigo

Microbiology

- *Staphylococcus aureus* (most common)
- Beta-hemolytic streptococci

1 Non-bullous impetigo



- Papules, vesicles, and pustules
- Rapidly break down
- Form golden adherent crusts
- Often located on face or extremities

2 Bullous impetigo



- Flaccid, fluid-filled bullae
- Rupture
- Leaves a thin brown crust
- Often located on trunk

3 Ecthyma

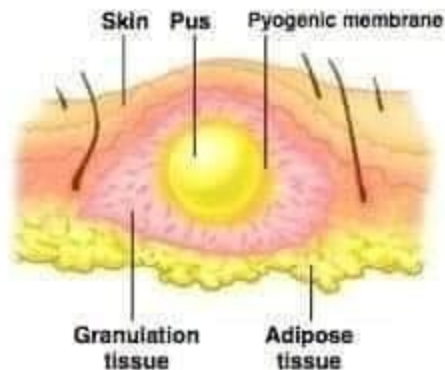


- "Punched-out" ulcers
- Overlying crust
- Raised violaceous borders

Treatment

- Limited: Topical **mupirocin** or retapamulin
- Extensive: Systemic antibiotics (dicloxacillin, cephalexin)
- If MRSA suspected: trimethoprim-sulfamethoxazole

Cutaneous Abscess



Staphylococcal aureus

Clinical

- Painful, fluctuant, erythematous nodule
- With or without surrounding cellulitis

Complications

- Bacteremia
- Endocarditis
- Osteomyelitis
- Sepsis
- Toxic shock syndrome

Management

- Incision and drainage
- +/- antibiotics

Causes of palpable purpura

***m* - DR PALE**

Disseminated gonococcal infection

RMS fever

PAN (Polyarthrititis nodosa)

Acute meningococemia

Leucocystoclastic vasculitis

Ecthyma gangrenosum

Henoch-Schönlein Purpura

↳ A generalized **vasculitis** of the skin, GI tract, joints and kidneys

- Boys > Girls
- Unknown etiology
- Often antecedent bacterial or viral infection



Palpable Purpura

Lower extremities and buttocks

Normal Platelet Count



Colicky abdominal pain
Intussusception (ileoileal)
Heme positive stool



Microscopic hematuria
Proteinuria
Elevated BUN/Cr



Periarticular disease
of knees and ankles